DOCUMENT RESUME

ED 215 243 CG 015 846

AUTHOR Lewis, Elissa M.
TITLE The Group Treatment of Battered Women.
PUB DATE 16 Oct 81
NOTE 12p.; Paper presented at the Annual Meeting of the Missouri Psychological Association (Springfield, MO, October 16, 1981). For related document, see CG 015 847.

EDRS PRICE MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS Aggression; Assertiveness; *Battered Women; *Crisis Intervention; Depression (Psychology); *Group Therapy; Literature Reviews; *Problem Solving; Self Esteem; *Self Help Programs; *Spouses; Victims of Crime; Violence

ABSTRACT

This paper describes some problems encountered in therapy groups of battered women and reviews several studies of these groups reported in recent literature. The five basic needs of battered women and a list of specific strategies developed to meet these needs are presented in an initial section. Three common goals of the group counseling strategy are discussed with the suggestion that the battering situation may be worsened by the victim's participation in treatment. Research findings supporting group therapy as the preferred modality for working with battered women are reviewed. Three statements which must be accepted as fact for success in working with battered women are outlined in the conclusion, i.e., that: (1) battered women are not masochists; (2) the violence that occurs between spouses cannot be legitimized; and (3) blaming the victim has no pragmatic value. (MCF)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED215243

HARD COPY NOT AVAILABLE

The Group Treatment of Battered Women

Elissa M. Lewis

Southwest Missouri State University

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

X This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL IN MICROFICHE ONLY HAS BEEN GRANTED BY

Elissa M. Lewis

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

CG 015846

Paper presented at the Fall meeting of the Missouri Psychological Association, Springfield, Missouri, October 16, 1981.

An incident of wife-battering occurs approximately every 20 seconds (Robitscher, 1977) and it is estimated that 50-60% of all wives have been beaten (Straus, 1978), i.e. a woman has a "50-50 chance" of becoming a battered woman (Walker, 1979). The main thrust of the movement to aid battered women began in Britain less than ten years ago (Pizzey, 1977) and has realized full momentum in this country within the last four years. The primary consequence has been the development and establishment of hotlines and shelters for the victims and their children.

Lynch and Norris (1978) described five "basic needs" of battered women: (1) "to be able to reach someone (for) immediate, effective help"; (2) "physical safety, if not survival"; (3) "material needs...shelter, food, clothing and basic medical supplies"; (4) "emotional needs...after the victim's physical needs are met"; and (5) "life alternatives" (p. 554). The first need is satisfied through crisis telephone lines; the second is met through immediate rescue and temporary refuge at an established safehouse and/or private sheltering. These shelters may or may not directly provide all the victim's material needs: in those cases where these are not available directly, the shelter staff provide ready access to the social services available in the community and, in some instances, battered women are given priority for these services (David, 1980).

It has been observed in several shelters that the victim's emotional needs are initially satisfied only to the extent necessary for cooperation with the staff, i.e., the victims are calmed, repeatedly reassured of their safety and

consoled as much as possible, but this is done to reduce the victim's emotionality and induce "clear thinking" so she can provide the requisite information in a rational manner and with accuracy. This is a necessary aspect of sheltering and does not in any way denigrate the staff's concern for the victim. Once a woman has moved into a refuge, counseling may occur via one-to-one work with an assigned advocate who remains the primary support and guide for the victim until the crisis is resolved, i.e., until the woman obtains her own housing and income or returns to her spouse. A second form of counseling provided within the shelter is the "rap group", usually led by an advocate or a paraprofessional, and it may or may not be open to women who have progressed from the shelter to independent living or women who are still in the battering situation. A similar form of counseling is group therapy, led by an experienced, professional mental health worker, with more structure than a rap group and it may be time limited. The purpose of this paper is to describe some of the problems encountered in therapy groups of battered women and to review several studies of groups that have been reported in the literature.

A battered woman has three options: (1) she may sever the relationship, completely and finally (nearly impossible if there are children involved); (2) she may stay in the relationship and maintain the status quo; or (3) she may remain in the relationship, but want to change it, i.e. to eliminate the battering. A woman may sever a relationship "because she has viable alternatives" or "she finally becomes convinced that the abuse is too high a price" (Pfouts, 1978, p. 102). The former is likely to be a younger woman whereas the latter is likely to be in the "mid-life" age range, thus the history of abuse may be minimal (a single incident) or of many year's duration.

Pfouts (1978) describes two types of battered women who elect to remain in the marriage and effect no changes: "the self-punishing...wife blames herself" and "the aggressive...wife responds to violence with violence" (p. 103),

usually directed toward either her spouse or her children. It appears that in the one, the rage is directed inward and victim feels frightened, anxious and depressed (Pfouts 1978); in the other the anger is directed outward, but the woman may feel no less trapped. One common goal for a group comprised of these women is to recognize their role in the maintenance of the abuse. Gelles (1974) reports that it appears that if a woman is too "passive", she "invites" abuse, and if she's aggressive (or even reasonably assertive), she "invites" beating to put her in her "proper" place.

A second common goal is to review the reasons the women stay. Gelles (1976) and Roy (1977) found that battered women perceive they have nowhere to go and/or that there is no support system available, and the feelings of helplessness and worthlessness preclude attempts to seek/and or use the resources available, e.g., shelters. Consequently, the group members' depression must be alleviated and they must be educated as to the resources available. The point is not to force the woman to leave her spouse or to make her feel guilty or childish for not doing so, rather it is to help her recognize and accept her intrinsic worth, her strengths (most battered women perceive none), and her rights as a human, as well as to become aware that she does have access to and a legitimate need for services in the community. (Many middle and upper-class women eschew "going on welfare" and as a result avoid using all community resources.) A final goal may be assertiveness training, but the therapist must be aware that assertive behavior by a formerly nonassertive woman may earn her either the respect of her husband (rarely does this occur) or, more likely, a battering for getting "uppity". Likewise, replacing aggressive responses with assertive responses may make her an "easier" victim. In addition, some women are battered for attending a clinic or therapy (Geller and Walsh, 1978; Hilberman and Munson, 1978; Rounsaville, Lifton and Bieber, 1979), and several have reported that

their husbands are unaware of their participation in therapy, as the spouse would prohibit and/or punish them for revealing the battering and/or seeking help. On the other hand, several women have reported that their husbands supported their "seeing a shrink" as it reinforced the husband's belief that the woman is emotionally unstable and that the batterings are entirely her fault. In brief, the battering situation may be worsened by a victim's seeking treatment.

The history of battering is an important factor, viz., victims of spouse abuse often demonstrate a desire to describe, in minute detail, an especially severe battering or, in some cases, the "highlights" of the abuse they've endured. Two problems which may then develop in the group are (1) annoyance and impatience by the less severely abused members and (2) a game of oneupmanship in which every woman tries to impress upon the therapists and the other victims that she suffered the most, a maneuver which can overwhelm other members with guilt ("Gee, I guess my case wasn't that bad") and/or withdrawal from the group. In addition, it is sometimes difficult for a therapist to determine whether the woman "needs" the emotional release and the overt working-through, or is using the tale as a means of gaining personal attention while diverting the group from a particular issue. However, common foci include the amelioration of depression and the overwhelming feelings of failure and guilt; the development of self-esteem and recognition of one's strengths; and the establishment and maintenance of independent living.

Research Findings

Jens and Museo (1977) distinguished between two types of battered women. The first consists of those who are beginning to seriously consider leaving their husbands or have quite recently left their spouses, and whose focus is on the immediate crisis. The "second-stage" victim is a woman who is concerned

with the life-style changes that have evolved as a result of her independence from the battering situation. Jens and Museo (1977) report that the women in the latter group tend to focus on dating men and behaving assertively toward both men and women. Walker (1980) reports that this distinction in stages mandates that two different kinds of groups are needed and, one may infer, that a mixed group may interfere with treatment as the members' concerns and goals are so diverse.

Weingourt (1979) suggests that battered women who have recently separated from their spouses must focus on their grief, i.e., "...the need to grieve for her complex loss is an important part of the first stage of the battered wife's emancipation" (p. 42). This finding supports Jens and Museo's (1977) findings that the foci of a "first stage" woman differs from those of a "second-stage" client. In addition, Weingourt (1979) suggests that it is vital to successful termination of the marital relationship that the battered woman take four to six weeks to progress through the five stages of grief identified by Kubler-Ross (1969).

Walker (1978b) reports that a combination of behavioral, insight-oriented, and feminist therapy is the most effective. In addition, Walker (1978b) emphasizes that the focus should be on current behavior, the victim's feelings of ambivalence, and the learning of new skills to ameliorate the feelings of depression and worthlessness, i.e., learned helplessness. This approach would be appropriate with women in either the first or second-stage of leaving the batterer.

Geller & Walsh (1978) report that although the treatment of choice for a battering relationship is couples therapy, most of the clients seeking counseling from their agency found it impossible to involve (or even inform) their husband in treatment. Consequently, the most appropriate treatment

modality is a homogeneous group (Geller & Walsh, 1978; Heppner, 1978). Geller and Walsh report three critical features in the treatment of these women: (1) the woman must learn "the cues which lead to violence" (p. 630); (2) she must learn "how to anticipate (his) anger and (how) to avoid the violence" (p. 630); and (3) she must learn specific, individually-tailored survival techniques for escaping the violence when it erupts. Heppner (1978) adds that a woman's self-respect and confidence is strengthened and her feelings of inadequacy and shame diminished by the realization that her situation is not unique, and it is only then that the counselor can effectively aid the woman in setting short-term goals and long-term strategies for resolving the battering situation.

The most comprehensive, systematic study to date of a group of battered women was reported by Rounsaville, Lifton and Bieber (1979). Their group differed from those described above in that the goal of the group was defined as "the provision of the opportunity for them to articulate their choices" (p. 67) and it was emphasized that the victims were not perceived as mentally ill, "but rather a group of women facing a common, terribly difficult problem requiring careful decision-making" (p. 67). Rounsaville, et al describe in detail the themes that emerged and the effective therapeutic interventions, too lengthy to list here, but theirs is an excellent model for anyone attempting to organize and maintain a therapy group for battered women. In addition, the hypothesis that a group is the preferred modality for working with battered women is again supported by their findings.

Conclusions: Despite the numerous theories and explanations of spouse abuse, reports by Martin (1976), Dobash and Dobash (1977), Symonds (1979), and Walker (1979) have demonstrated that (1) there is no evidence that battered women are masochists, i.e. there is no pleasure coincident with or contingent upon their pain and victimization; (2) there is no way to legitimate the

violence that occurs between spouses; and (3) blaming the victim has no pragmatic value. Acceptance of these three statements as fact is a prerequisite for working successfully with battering victims.

With the advent of the women's shelter movement, millions of battered women have gained a sure source of aid in escaping a battering situation, either through dissolution of the relationship, conjoint counseling, or counseling which helps the woman to avoid or reduce the battering and continue the relationship with her spouse. Group treatment has unique advantages over individual counseling (Mullan and Rosenbaum, 1978; Yalom, 1975) which are especially advantageous for working with battering victims, viz., the realization that their situation is not uncommon reduces their shame and feelings of personal inadequacy, and the group setting reduces the social isolation which compounds the depression and feelings of helplessness characteristic of these women. Critical to the success of therapeutic intervention with these women is the realization that battered women are not masochistic, that the decision to remain with or leave the spouse is the victim's and that the problems confronting these women are unique to their current life situation. Specifically, women who are still living with the batterer will be concerned first and foremost with survival; women who have recently separated from the spouse are in crisis and are concerned with their safety, overwhelming grief, and establishment of self-support and independent living; and women who have achieved independence are concerned with its maintenance, learning to behave assertively toward men and women, and dating. Further research on the development, maintenance, and treatment of battering behavior is necessary before preventive programs can be established. In the meantime, the group treatment of battering victims appears to be the most effective.

References

David, S. (1980), Personal Communication.

Dobash, R.E. and Dobash, R.P. (1977), Wife beating - Still a Common Form of Violence. Social Work Today (Birmingham), 9: 14-17.

Geller, J.A. and Walsh, J.C. (1977), A Treatment Model for the Abused Spouse. Victimology, 2: 627-632.

Gelles, R.J. (1974), the Violent Home. Beverly Hills, CA: Sage Publications.

Gelles, R.J. (1976), Abused Wives: Why do they stay? Journal of Marriage and the Family, 38: 659-668.

Heppner, M.J. (1978), Counseling the Battered Wife: Myths, Facts, and Decisions. Personnel and Guidance Journal, 56: 522-525.

Hilberman, E. and Munson, K. (1978), Sixty Battered Women. Victimology, 2: 460-470.

Jens, K.S. and Museo, L. (1977), Group Therapy with Battered Women. Paper presented at the Colorado Mental Health Conference, Vail, Colorado, September.

Kubler-Ross, E. (1969), On Death and Dying. New York: Macmillan.

Lynch, C.G. and Morris, T.L. (1978), Services for Battered Women: Looking for a Perspective. Victimology, 2: 553-562.

Martin, D. (1976), Battered Wives. New York: Pocket Books.

Mullan, H. and Rosenbaum, M. (1978), Group Psychotherapy. Second Edition. New York: Free Press.

Pizzey, E. (1977), Scream Quietly or the Neighbors Will Hear. Short Hills, NJ: Ridley Enslow.

Pfouts, J.H. (1978), Violent Families: Coping Responses of Abused Wives. Child Welfare, 57: 101-111.

Robitscher, J. (1977), Battered Wives and Battered Children. Bulletin of the American Academy of Psychiatry and the Law, 5: 374-379.

Roumsaville, B., Lifton, N. and Bieber, M. (1979), the Natural History of a Psychotherapy Group for Battered Women. Psychiatry, 42: 63-78.

Roy, M. (1977), A Current Survey of 150 Cases. In M. Roy (Ed.), Battered Women. New York, NY: Van Nostrand Reinhold.

Straus, M.A. (1978), Wife Beating: How Common and Why? Victimology, 2: 443-458.

Symonds, A. (1979), Violence Against Women - The Myth of Masochism. American Journal of Psychotherapy, 33: 161-173.

Walker, L.E. (1978a), Battered Women and Learned Helplessness. Victimology, 2: 525-534.

Walker, L.E. (1978b), Treatment Alternatives for Battered Women. In J.R. Chapman and M. Gates, The Victimization of Women. Beverly Hills, CA: Sage Publications.

Walker, L.E. (1979), The Battered Woman. New York, NY: Harper and Row.

Walker, L.E. (1980), Battered Women. In A.M. Brodsky and R. Hare-Mustin, Women and Psychotherapy. New York: Guilford.

Weingourt, R. (1979), Battered Women: The Grieving Process. Journal of Psychiatric Nursing and Mental Health Services, 17: 40-47.

Yalom, I.S. (1975), The Theory and Practice of Group Psychotherapy. Second Edition. New York: Basic.

Dr. Lewis' address:

Psychology Department

Southwest Missouri State University

901 South National

Springfield, MO 65802.